

South San Diego Veterinary Hospital New Client Form

Thank you for giving Dr. McAndrew the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

Client Information

Name: _____ Home Phone: _____

Work Phone: _____ Mobile: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____

Driver's License #: _____ State _____ DOB _____

Best Time and Place to Call? _____

Spouse's Information (if applicable)

Name: _____ Place of employment _____

Work Phone: _____ Mobile: _____ Fax: _____ Email: _____

Who is primarily responsible for pet care? _____ Do you carry Pet Insurance: _____

How did you choose us? Drove by Phone Book Coupon Internet Other

Personal Recommendation (whom may we thank?) _____

At South San Diego Veterinary Hospital we offer Alternative and Western medicine. Alternative medicine has been practiced for centuries and is sometimes called Holistic or Complimentary Medicine. Western medicine involves the use of medication and nutritional products that have undergone scientific research and testing to determine their effectiveness in the treatment of various diseases. Alternative medicine involves the use of such treatments as acupuncture, veterinary orthopedic manipulation, herbal remedies and homeopathy that have stood the test of time. Many aspects of these two medical disciplines are similar in that they both require a thorough physical exam and diagnostic testing, where appropriate, based on history and exam findings. Often, we find a combination of both treatment modalities best serves our patients.

Please tell us if you prefer? Alternative Treatment Western Treatment A Combination of Both

**We have a 24 hour cancellation policy. No-shows may incur charges of 50% of the exam fee.
All Fees are Due at the Time Service is Rendered**

I understand that I am financially responsible, whether my insurance company pays or not, for all charges incurred by me. I further understand that I have the right to request a written estimate for any and all diagnostic tests, procedures and treatments that I elect to have performed by SSDVH. I agree that in the event of nonpayment, I will bear the cost of collection, court costs and reasonable legal fees should such action be required. I agree that a photocopy of this authorization shall be valid as the original.

Signature

Date